MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

1. Dec of Grants 1. Dec of G	DEP	CCI! MTRA	ENT	OF	PUB -	C HEALTH AND WELFARS 16 Primary Registration District No. 3660 Registrat's No. 25	=63=021	224 JMBER
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MODELES MICHOLSON Drive Veril No Modele Nicholson Drive Veril No Nicholson Drive Veril Nicholson Drive Ver		EN EN	1 1			OR OR	•	
MOSPITAL OR NOTIFICATION Section Street Verg No ADDRESS Nicholson Drive Vers Ne No Notified Notifie	1 000					c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET		
3. HAME OF DECLASED First ROSE AND ROSE	2 27923				•	HOSPITAL OR ADDRESS		م د
ROSE ANNA MILLER DEATH (Type or print) ROSE ANNA MILLER DEATH (Type or print) ROSE ANNA MILLER DEATH (Type or print) ROSE White Miller Developed Both M	<u> _ // o / _</u>	à				deries on brief A Michols		1
5. SEX Remaile	: 3] [(Type or print)	E Month Day	Year
Female White Discussed Dis	- <u> </u>		11			was will will see	June T	
Temple Witte State Sta			$ \cdot $			Widowad D Divorced D	Months Days	
during mett of yorking lifts even if retired) home Belgrade, Missouri 13. NASE OF HUSBAND OR WIFE STANDER'S NAME STANDER'	⁵ 23					Female White 6-29-1875 8/		
136. FATHER'S NAME 136. MAIDEN NAME 14. NAME OF HUSBAND OR WIFE	6	မှာ ကြ				diction mank of condition life, according to the second		WHAT COUNTRY
15. WAS DECRESSED EVER IN U.S. ARMED FORCE ("test, figs or unknown) (if yes, give wor dates a program of dates and the control of the control		Š	1					
15. WAS DECRESSED EVER IN U.S. ARMED FORCE (Testing) or unknown) (if yes, give way or dates a content of the testing) or unknown) (if yes, give way or dates a content of the testing) or unknown) (if yes, give way or dates a content of the testing) or unknown) (if yes, give way or dates a content of the testing) or unknown) (if yes, give way or dates a content of the testing) of the testing of	⁷ 0	7				Tuda Condom	14. HADRE OF HOSDAND OR WITE	*
Note Part	8 9		11			OF TVESTEE DATVIS	Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), end (c). IMMEDIATE CAUSE (a) ### PART I. DEATH CAUSE (a) IMMEDIATE CAUSE (a) ### PART II. DEATH CONSTITUTING TO DEATH but not related to the terminal disease condition plans in PART III. If diseased was family from the PART III. OF PART III of Item 18.) ### PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition plans in PART III. If diseased was family from the PART III. III. III. III. III. III. III. II	2.1.		11			Vas. no. or unknownt /16 use, nine was or dates a		
IMMEDIATE CAUSE (a) ARTERIO SCIRATION Conditions, if any, which gave rise to stating the under-lying cause last.	74200	I'RE	$ \cdot $		_		IN	ITERVAL BETWEEN
DUE TO (b) CENERALIZED ARTERIOSC ERBSIS 12 9/-0 14 12 12 13 14 15 15 15 15 15 15 15	10	_ 1	$ \cdot $		N N	PART I. DEATH WAS CAUSED BY:	4	INSET AND DEATH
NOT WHILE AT WORK 20b. PLACE OF INJURY (e.g., in or about home, long strain farm, factory, street, office bidgs, etc.) NOT WHILE AT WORK 20b. DATE 20b. DATE 20b. ADDRESS 22c. DATE SIGNATURE 22b. ADDRESS 22c. DATE SIGNATURE 22	11	히중			Š	· ·	ľ	
White AT WORK Stating the under stated above, and to the best of my knowledge, from the causes stated. VO VO VO VO VO VO VO V		AD AD			ŏ	Continue to the CHARRALIZED ARTERIAS	1/200515	
NOTE TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal there a pregnancy or last 90 per of disease condition given in PART II. If decessed was female there a pregnancy or last 90 per of disease condition given in PART III. If decessed was female there a pregnancy or last 90 per of disease condition given in PART III. If decessed was female there a pregnancy or last 90 per of disease condition given in PART III. If decessed was female there a pregnancy or last 90 per of disease condition given in PART III. If decessed was female there a pregnancy or last 90 per of disease condition given in PART III. If decessed was female there a pregnancy or last 90 per of disease condition given in PART III. If decessed was female there a pregnancy or last 90 per of disease condition given in PART III. If decessed was female there a pregnancy or last 90 per of last 90 per of disease condition given in PART III. If decessed was female there a pregnancy or last 90 per of last 90	129/-0			-				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnancy in last 90	13/-0	티드		\perp		stating the under-		
STATE Control of the property of the prope		χ					ninal PART III. If deceased	was female wa
19. WAS AUTOPSY PERFORMED? 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART, I or PART III of item 18.) 19. WAS AUTOPSY PERFORMED? 206. PLACE OF INJURY (e.g., in or about home, long with like at WORK 206. CITY, Town, OR LOCATION COUNTY		ွှ			ŀ	disease condition given in PART I (e)	there a pregna	ency in last 90 day
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, leading the farm, factory, street, office bldg., etc.) 21. I strended the deceased from 10-1-62 10 10 10 10 10 10 10 1		Ž			l		- -	1 -
20d. INJURY OCCURRED WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, leading the farm, factory, street, office bldg., etc.) 21. I strended the deceased from 10-1-62 10 10 10 10 10 10 10 1		NDW				19. WAS AUTOPSY PERFORMED? CONTINUE CONT	ature of injury in PART, I or PART II	of item 18.)
Death occurred at 4:55 PM m on the date stated above, and to the best of my knowledge, from the causes stated. 21. attended the deceased from 10-1-62 to 63 and last saw in alive on 3:29-63		AME				INJURY a.m.		
226. ADDRESS 226. SIGNATURE 226. DATE SI 227. DATE SI 228. BURIAL, CREMATION, 23b. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, toysh, or country) 236. BURIAL, CREMATION, REMOVAL (Specify) Burial 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Donald Sparks Potosi, Missouri 24. FUNERAL DIRECTOR Donald Sparks Potosi, Missouri 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Control of the country of the co						WHILE AT WORK farm, factory, street, office bldg., etc.)	OUNTY COUNTY	STATE
220. DATE SI 220. SIGNATURE 220. SIGNATURE 220. DATE SI 220. SIGNATURE 220. DATE SI 230. DOTATION (City, toyh, or county)	A S E	8			1	21 I strended the deceased from 10-1-62 to 6-1-63 and last saw	her alive on 5= 29	-63
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. TOCATION (City, 109M), or county) (State) Burial 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Donald Sparks Potosi, Missouri 24. Missouri 25. Date RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25. DATE RECD. BY LOCAL REG. 26.	E BI					WEE OM		
23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. TOCATION (City, 169M, of county) (State) Burial 6-4-1963 Pleasant Hill Rtl 2 Potosi, Missouri 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE Donald Sparks Potosi, Missouri 4, 1963 Cuthur Rudloff	US	NOHS				1 C (A Life 1918)	reton mo	6-4-63
Donald Sparks Potosi, Missouri June 4, 1963 Cuther Rudloff	•	ģ		<u> </u>			•	(State) ouri
Donald Sparks Potosi, Missouri 2004, 763 College College					Ą	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26.	REGISTRAR'S SIGNATURE	00:11
and the state of t					æ	Donald Sparks Potosi, Missouri Statement on Reverse Side)	Cather Ku	alogo

MUL 16 1965

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose	name is recorded on the reverse side of this certificate was embalmed by me
or by	, Student Embalmer No
working under my personal supervision.	
Signature of Student Embalmer	Signed Sound of Sarks
	Licensed Embalmer No. 4819
	P. O. Address Potosi, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.